



**STATE OF IOWA**  
**MASTER AGREEMENT**  
 Contract Declaration and Execution

EFFECTIVE BEGIN DATE: 05-01-2008  
 EXPIRATION DATE: 04-30-2009  
 PAGE: 1 of 3

**VENDOR:**

Iowa Vending Inc  
 202 Kenyon Rd W  
  
 Fort Dodge, IA 50501  
 USA

**VENDOR CONTACT:**

LEE SHERMAN  
 PHONE: 515 999-9999 EXT:  
 EMAIL:  
 FOB

**ISSUER:**

NOLA PENLAND  
 PHONE: 515-281-3089  
 EMAIL: Nola.Penland@iowa.gov

**Contract For: VENDING, FULL SERVICE**

Contract To Provide Full Service Vending Pursuant To The Specifications, Terms And Conditions Of Sealed Bid No. Bd504100s227 Dated March 3, 2004, That Is On File With The Department Of Administrative Services, General Services Enterprise - Purchasing, Hoover Building, Level A, Des Moines, Iowa 50319-0105. Any Additions Or Deletions Must Meet The Approval Of The Associate Warden Or Warden Of The Facility. Delivery Times And Servicing Schedules Must Be Coordinated With The Associate Warden. All Refunds Are To Be Made Once A Week To The Cashier'S Office Or Designee Employee By The Associate Warden. No Refunds Shall Be Made Directly To The Staff, Visitors Or Inmates. All Products Must Be Fresh And Of Current Manufacturer. No Past Due Expiration Dates Will Be Tolerated

Percent Commissions of gross sales to be refunded to the facility for the following items:

Candy Bars 15%, Coffee/tea/hot cocoa 15%, Boxed Juices 15%, Chips 15%, Cookies and wafers 15%, gum and mints 15%, pastries 15% and sandwiches 0%

**RENEWAL OPTIONS**

FROM 05-01-2009 TO 04-30-2010

**AUTHORIZED DEPARTMENT**

252 Corrections Fort Dodge

*Purchasing - Please Return*

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		STATE OF IOWA	
CONTRACTOR'S NAME (If other than an individual, state whether a corp., partnership, etc.) <i>Vending Americas</i>		AGENCY NAME <i>DAS - Procurement</i>	
BY (Authorized Signature) <i>Gail C Smith</i>	Date Signed <i>5-19-08</i>	BY (Authorized Signature) <i>Nola Penland</i>	Date Signed <i>5-9-08</i>
Printed Name and Title of Person Signing <i>Gail C Smith</i>		Printed Name and Title of Person Signing <i>Nola Penland</i>	
Address <i>3825 106<sup>th</sup> St, Urbandale, IA 50322</i>		Address <i>Hoover Bldg, Room A, Des Moines, IA</i>	



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LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
1	0.00000	96115		\$0.000000
				\$0.000000

Concessions Catering Vending: Mobile and Stationary (See Cla  
12% of each item in the vending machine is refunded to the facility.  
Sandwiches are 6%

MA# 005 2495-08



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**TERMS AND CONDITIONS**

**N30**

NET 30 DAYS